

AGENCY / DISPATCH BRIEFING

Dispatch Name:	Call Sign:	Hours:
Phone:	Fax:	24 Hour Number:
Main Agency Contact :		Phone:
Aviation Officer:		Phone:
Get copies of the following: District Maps Local Plans / Briefing Packets Sunrise / Sunset Charts		

DISPATCH PROCEDURES:

Dispatched by:	Phone	Radio	Fax
Dispatch Procedures:			
Information Given:	AM / FM Frequencies	Air / Ground Contacts	Flight Following Frequencies
	Lat long Bearing / Distance	Other Aircraft	Hazards / TFR Re-load base
Other Information:			
Flight Following Procedures:			

COMMUNICATIONS:

Dispatch monitors the following:	Guard	National Flight Following	AM Frequencies
Get copies of the following :	AM / FM Frequency lists	Radio Repeater Locations	

AREAS OF CONCERN:

Obtain briefings on the following:	Aerial Hazard Map	Wilderness Areas	T&E Species	Wetlands
------------------------------------	-------------------	------------------	-------------	----------

OTHER RESOURCES:

Get a briefing on other aircraft assigned to the unit and additional aircraft that you may generally see operating in the area.				
Type of Aircraft	Call Sign	N#	Designated Base	General Use

AVIATION ADMINISTRATION:

Type of Procurement Document:	CWN	Exclusive Use	ARA	Other:
Management Codes: Billie Code: _____ Agency Unit Identifier: _____				
Procedures for Obtaining Management Codes:				
Obtain briefing on the following: Required Documentation Agency Routing Procedures Routing Frequency				

DAILY ROUTINE:

General Manning Hours:	Check - In Procedures:
Lunch Provisions:	
Daily Briefings: Yes No Given By: _____ General Time:	
Daily Intelligence:	What is Available ? How do I get a copy ? What times is it posted ?
Personnel Time:	Who Signs Time Reports ? How should I get the charge codes ?

ORDERING SUPPLIES:

Procedures for Ordering Supplies:
Procedures for Inventorying Supplies:

SEAT BASE OPERATIONS:

Primary SEAT Base Location:	
Cell Phone coverage ? Yes No Radio Coverage ? Yes No	
MOU / Agreements in Place ? Yes No (If yes, obtain copy of the agreement)	
Equipment Rental Agreements in Place ? Yes No (If yes, list below)	
FBO Manager:	Phone: ()
Primary Water Source:	
Back-up Water Supply:	
Retardant Type: Powder Liquid Concentrate Type: _____ Type: _____ Inventory / Location:	Retardant re-supplying procedures: Time frame for delivery of retardant:
Security: Secured Airport Unsecured Airport Security Procedures:	
Jettison Area:	

MOBILE SEAT BASES:

Operating from Mobile Bases ? Yes No Operational plans established for Mobile Bases ? Yes No
Locations:

CRASH RESCUE:

Contact:	Phone:
Responding Resources Equipped for Aircraft Fire: Yes No Response Time:	
Nearest Hospital:	Nearest Burn Center: